## CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

6612

1 ACCOUNT#	2 Total pages filed:	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI SAVAH.  NICKNAME LAST SUFFIX	Date Received
4 ORIGINAL REPORT TYPE	January 15  Runoff  Other (specify)  Exceeded \$500 limit  30th day before election  15th day after treasurer appointment (officeholder only)  Bith day before election  Final report	Date Hand-delivered or Date Postmarked  Receipt * C = Amount  Legal : Totals  Date Processed : T = T
5 ORIGINAL PERIOD COVERED	Month Day Year THROUGH 06/36/07	Date Imaged S

6 EXPLANATION OF CORRECTION

7 AFFIDAVIT

The following amendment is to 1. Correct an alignment error in page 2; 2. Amend the total amount of contributions of \$50 or less from \$80 to \$115; and 3. Add a contribution of more than \$50 to the itemized list that was included in the original "total political contributions" but erroneously left off the itemization.

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	RAMIRO GONZALEZ, JR. Notary Public, State of Texas My Commission Expires
	Notary Public, State of Texas
	My Commission Expires

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or prission in the report as originally filed was made in the file.

originally filed was made in good faith.

AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me by SARAH FCKHARD This the (7" day of December.

20 07, to certify which, witness my hand and seal of office.

Ramiro Gonzelez, Jr.

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	Suide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME 4 CANDIDATE/	NICKNAME LAST  ECKHARDI  ADDRESS / PO BOX: APT / SUITE #:	SUFFIX  CITY; STATE: ZIP CODE	Date Received
OFFICEHOLDER MAILING ADDRESS Change of Address	7.0. Box 301586 Aus., TX 78703		Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (512) 524-0037	EXTENSION	Receipt # Amount
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Date Processed
TREASURER NAME	CAROL NICKNAME LAST HATFIEL	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT/SU  3404 Non-Huwood  Aus. TX 7870	UITE#: CITY; STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 459-5841	EXTENSION	
9 REPORT TYPE	January 15 30th day before election	ion Runoff	15th day after campaign treasurer eppointment (officeholder only)
	July 15 Bth day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	DUGH Ob/30	/200 <del>7</del>
11 ELECTION	Month Day Year ELECTION TY		General Special
12 OFFICE	OFFICE HELD (If any) COUNTY COMMISSIONER, T	Pet. 2 13 OFFICE SOUGHT (If xnow	m)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE	<ul> <li>Direct campaign expenditures are campaign Candidates are required to disclose this informa</li> </ul>		
BY OTHER INDIVIDUALS	Name		
	Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			_
	go то	PAGE 2	

### **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 ACCOUNT # (Ethles Commission Filers)
17 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the cand without the candidate's or officeholder's knowledge or consent. Candidately they receive notice of such expenditures.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional peges		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 16,365.00 \$ 342,21 \$ 14,894.99 DAY \$ 13,552.37 THE \$ 4,000.00
	4. TOTAL	POLITICAL EXPENDITURES	\$ 14,894.99
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D DRTING PERIOD	\$ 13,552.37
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 4,000.00
19 AFFIDAVIT	RAMIRO GONZAL Notary Public, State My Commission E FEBRUARY 10,	is true and correct and includes all of Texas me under Title 15, Election Code xpires	perjury, that the accompanying report information requires to be reported by
AFFIX NOTARY STAMI		the said SARAH ECKHARDT	this the $7^{7}$ day
of Decymber .2		tify which, witness my hand and seal of office.	<del> </del>
Glas		Ranico Gonzalez Jr.	Notary Public
Signature of officer ad	dministering oath	Printed name of officer administering oath	Fitle of officer administering oath

Revised 09/01/2007

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The bistruction	ом Guide explains how to comp	lete this form.	1 PAGE # Schedule: 1/24 Report: 3/47				
2 FILER NAME Eckhardt, Sarah				3 ACCOUNT # 00000006	(Ethics Co	ommission filers)	
4 Date	5 Full name of contributor [ Armbrust & Brown, L.L.P.	out-of-state PAC(ID#				Amount of ntribution (\$)	
05/11/2007	6 Contributor address; C 100 Congress Ave., Ste. 1300 Austin, TX 78701	City; State; Zip Code				\$500.00	
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)			
10 In-kind contribu			11 In-kind description	n (if applicable)			
	n-kind contribution for travel outs boxes 12-18. Otherwise, comple						
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city / I	location		16 Arrival date	
17 Means of trans	portation		18 Purpose of travel				
4 Date	5 Full name of contributor [ Barnes, Ben	out-of-state PAC(ID#				Amount of ontribution (\$)	
05/25/2007	6 Contributor address; 0 98 San Jacinto Blvd., Ste. 250 Austin, TX 78701	City; State; Zip Code				\$1,000.00	
8 Principal occup consultant	pation / Job title (See Instructions	)	9 Employer (See Instructions) self				
10 In-kind contrib  Check if i complete	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	lde Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)			
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of trans	sportation		18 Purpose of travel				
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	OTHER	THAN PLEDGE	S OR LUA									
	The Instruction	ON GUIDE explains how to comp	lete this form.		Į.		ÀGE che		: 2/2	4 Re	por	t: 4/47
2	FILER NAME	Eckhardt, Sarah						ти 000		(Ethlo	s Co	emmission filers)
4	Date	5 Full name of contributor [ Betts, Charles	out-of-state PAC(ID#	)						7		mount of ntribution (\$)
	05/23/2007	6 Contributor address; C 14741 Arrowhead Dr. Volente, TX 78641	ity; State; Zip Code	••••••		••	• • •					\$100.00
8	Principal occup	ation / Job title (See Instructions		9 Employer (See In	struc	ctic	ons)					
10	In-kind contribu	ition n-kind contribution for travel outsi	de Tevas and	11 In-kind description	n (if a	apı	plica	ble)				
_	Complete	boxes 12-18. Otherwise, comple	te box 11 if applicable.									
12	Name of persor	n(s) traveling on whose behalf the	e travel was accepted (a	ttach additional pages	if ne	908	ssar	у)				
13	Departure city /	location	14 Departure date	15 Destination city / I	locat	tior	1					16 Arrival date
17	Means of trans	portation		18 Purpose of travel								
4	Date	5 Full name of contributor [ Bible, Philip	out-of-state PAC(ID#	)						7		Amount of ntribution (\$)
	05/23/2007	6 Contributor address; C 3200 Stevenson Austin, TX 78703	ity; State; Zip Code			- •		• • • •				\$100.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	struc	ctic	ons)			<u> </u>		
10	In-kind contribu	ntion n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	de Texas and le box 11 if applicable.	11 In-kind description	n (if a	api	plica	ble)				
12		n(s) traveling on whose behalf the		attach additional pages	if ne	ece:	ssar	у)				
13	Departure city /	location	14 Departure date	15 Destination city /	locat	tior	1					16 Arrival date
17	Means of trans	portation		18 Purpose of travel							- 1	

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	The Instruction	24 Reno	rt: 5/47					
2	FILER NAME	Eckhardt, Sarah			Schedule: 3/2 3 ACCOUNT # 00000006		ommission filers)	
4	Date	5 Full name of contributor [ BMcPAC	out-of-state PAC(ID#				Amount of intribution (\$)	
	05/22/2007	6 Contributor address; C 111 Congress Ave. Austin, TX 78701	City; State; Zip Code		••••••		\$1,000.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)			
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	ı (if applicable)			
12	Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13	Departure city i	location	14 Departure date	15 Destination city / I	ocation		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [ Daugherty, Gerald	out-of-state PAC(ID#_	)		7 Amount of contribution (\$)		
	05/21/2007	6 Contributor address; C 1403 Club Ridge Cove Austin, TX 78735	City; State; Zip Code			<u>.</u>	\$100.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)			
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description (if applicable)				
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)	-		
13	Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17	Means of trans	portation	<u> </u>	18 Purpose of travel			<u> </u>	
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The INSTRUCTE	อง Guide explains how to comp	plete this form.		1	PAGE # Schedule: 4	/24_R	eport: 6/47
2 FILER NAME	Eckhardt, Sarah			3	ACCOUNT # 00000006	(Ethic	cs Commission filers)
4 Date	5 Full name of contributor [ Dwyer, Peter	ut-of-state PAC(ID#	)	1		7	Amount of contribution (\$)
05/23/2007	6 Contributor address; 0 9900 US Highway 290 E. Manor, TX 78653	City; State; Zip Code				;	\$500.00
8 Principal occup real estate	pation / Job title (See Instructions	;)	9 Employer (See In: Dwyer Realty	struc	ctions)		
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if	applicable)		
12 Name of perso	on(s) traveling on whose behalf th	ie travel was accepted (a	attach additional pages	if ne	cessary)		
13 Departure city	/ location	14 Departure date	15 Destination city / I	loca	tion		16 Arrival date
17 Means of trans	portation		18 Purpose of travel				- 1
4 Date	5 Full name of contributor [ Ellis, Christopher	out-of-state PAC(ID#	)			7	Amount of contribution (\$)
05/17/2007	6 Contributor address; C 3005 Sparkling Brook Lane Austin, TX 78746	City; State; Zip Code					\$250.00
8 Principal occup	pation / Job title (See Instructions	\$)	9 Employer (See In	ıstru	ctions)		
	ution In-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 (n-kind description	n (if	applicable)		<del></del>
12 Name of perso	on(s) traveling on whose behalf th	ie travel was accepted (a	attach additional pages	if ne	cessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	loca	tion		16 Arrival date
17 Means of trans	portation	<u></u>	18 Purpose of travel	ı			
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	The Instruction	N GUIDE explains how to comp	lete this form.	1 PAGE # Schedule: 5/24 Report: 7/47				
2	2 FILER NAME Eckhardt, Sarah 3 AC 00					(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor [ Erwin, Alan	out-of-state PAC(ID#				rnount of ntribution (\$)	
	05/23/2007	6 Contributor address; C 3 Jeffrey Cove Austin, TX 78746	city; State; Zip Code			\$250.00		
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)			
10		tion h-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)	<del></del>	-	
13	Departure city /	location .	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation	<u> </u>	18 Purpose of travel				
4	Date	5 Full name of contributor [ Erwin, Gay	out-of-state PAC(ID#	)	<del></del>	7 Amount of contribution (\$)		
	05/23/2007	6 Contributor address; C 3 Jeffrey Cove Austin, TX 78746	City; State; Zip Code	•••••			\$250.00	
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)			
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable)				
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of transportation				18 Purpose of travel				
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Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

		CAL CONTRIBU THAN PLEDGE		NS		S	SCHEDULE A
	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 6/2	A Reno	d: 8/47
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006		ommission filers)
4	Date	5 Full name of contributor [ Evans, Bruce	out-of-state PAC(ID#_	)	·		Amount of ntribution (\$)
	05/23/2007	6 Contributor address; C 11406 Toledo Dr. Austin, TX 78759	City; State; Zip Code				\$100.00
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12	Name of perso	on(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	sportation		18 Purpose of travel		-	
4	Date	5 Full name of contributor [ Graves, Dougherty, Hearon		)	<u> </u>		Amount of ontribution (\$)
	05/14/2007	6 Contributor address; (PO Box 98 Austin, TX 78767	City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$500.00
8	Principal occup	pation / Job title (See Instructions	3)	9 Employer (See In	structions)	<u>.                                    </u>	
10		ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind descriptio	n (if applicable)		
12	Name of perso	on(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	sportation	L	18 Purpose of travel		<del></del>	<u> </u>

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

	POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS						CHEDULE A
F	The Instruction	אס Guide explains how to comp	lete this form.		1 PAGE # Schedule: 7/2	4 Repo	rt: 9/47
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006		ommission filers)
4	Date	5 Full name of contributor [ Gregory, Bob	out-of-state PAC(ID#_			7 Amount of contribution (\$)	
	05/14/2007 6 Contributor address; City; State; Zip Code 2939 Westlake Cove Austin, TX 78746						\$1,000.00
8	8 Principal occupation / Job title (See Instructions) CEO  9 Employer (See Instructions) Texas Disposal Systems						
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)						
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel	<u> </u>		
4	Date	5 Full name of contributor [ Halff Associates PAC	out-of-state PAC(ID#_				Amount of ontribution (\$)
	05/17/2007	6 Contributor address; (8616 Northwest Plaza Dr. Dallas, TX 75225	City; State; Zip Code				\$500.00
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	nstructions)		
10	In-kind contribution Check if incomplete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind descriptio	n (if applicable)		
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (	attach additional pages	if necessary)		-
13	Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	sportation		18 Purpose of travel		<del>.</del>	
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Texas Ethics Con	nmission P.O.Box 12	2070 Austin	, Texas 78711-2070	(512)46	3-5800	1-800-325-8506
	CAL CONTRIBU THAN PLEDGE		NS			SCHEDULE A
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 8/2	24 Repo	rt: 10/47
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006		ommission filers)
4 Date	5 Full name of contributor [ Heidrick, Clarke	<del>-</del>				Amount of ontribution (\$)
05/13/2007	6 Contributor address; C 3702 Eastledge Dr. Austin, TX 78731	City; State; Zip Code		-		\$100.00
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.  12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional contribution).				n (if applicable)		
13 Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17 Means of trans	portation		18 Purpose of travel			
4 Date	5 Full name of contributor [ Home Builders Assn of Gre	out-of-state PAC(ID# eater Austin HOMEPA	/C			Amount of ontribution (\$)
05/22/2007	6 Contributor address; C 7952 Anderson Square Austin, TX 78757	City; State; Zip Code				\$250.00
8 Principal occup	pation / Job title (See Instructions	.)	9 Employer (See In	structions)	<u></u>	
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)	<del></del>	
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		-
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel		<u> </u>	
			<u> </u>	<del></del>		

		CAL CONTRIBUTED THAN PLEDGE		NS		S	SCHEDULE A	
	The INSTRUCTION	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 9/2	//24 Report: 11/47		
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006		ommission filers)	
4	Date	5 Full name of contributor [ Knight, James	out-of-state PAC(ID#	)			Amount of ontribution (\$)	
	05/18/2007	6 Contributor address; C 221 West 6th St., Ste. 600 Austin, TX 78701	City; State; Zlp Code				\$500.00	
8	Principal occup Principal	ation / Job title (See Instructions	)	9 Employer (See In Endeavor	structions)			
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (If applicable)			
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13	Departure city	location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [ Langmore, John	out-of-state PAC(ID#	)			Amount of entribution (\$)	
	05/29/2007	6 Contributor address; ( 1508 S. Lamar Blvd. Austin, TX 78704	City; State; Zip Code	•••••			\$500.00	
8	Principal occup consultant	ation / Job title (See Instructions	)	9 Employer (See in self	structions)			
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 in-kind description (if applicable)				
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)			
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17	Means of trans	portation		18 Purpose of travel				
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	CAL CONTRIBU R THAN PLEDGE	JTIONS	NS	(512)46		SCHEDULE A
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 10	/24 Rep	ort: 12/47
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006		ommission filers)
4 Date	5 Full name of contributor [ LAN-PAC	_				Amount of ontribution (\$)
05/17/2007 6 Contributor address; City; State; Zip Code 2925 Briarpark Dr. Houston, TX 77042				,		\$200.00
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See in:	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.						
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	13 Departure city / location 14 Departure date 15 Destination city / location					16 Arrival date
17 Means of trans	sportation	L	18 Purpose of travel	<del></del>		
4 Date	5 Full name of contributor [ Lebermann, Lowell	out-of-state PAC(ID#		<u></u>		Amount of ontribution (\$)
05/17/2007	6 Contributor address; C 3834 Promontory Point Dr. Austin, TX 78744	City; State; Zip Code	•••••			\$500.00
8 Principal occup Chairman	pation / Job title (See Instructions	•)	9 Employer (See In Centex Beverag			
10 In-kind contribution Check if in complete	oution in-kind contribution for travel outs boxes 12-18. Otherwise, comple	ilde Texas and ate box 11 if applicable.	11 In-kind description	n (if applicable)		
12 Name of perso	on(s) traveling on whose behalf th	ie travel was accepted (	attach additional pages	if necessary)		
13 Departure city	flocation	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation	<u> </u>	18 Purpose of travel		<del></del>	<u></u>
			<del></del>	<del></del>		<del></del>

P.O.Box 12070

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The INSTRUCTION GUIDE explains how to com	plete this form.		1 PAGE# Schedule: 11/	24 Rep	ort: 13/47
2 FILER NAME Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics Co	ommission filers)
4 Date 5 Full name of contributor Linehan, Paul	ut-of-state PAC(ID#_	)			Amount of ntribution (\$)
05/23/2007 6 Contributor address; 3205 Lost Creek Blvd. Austin, TX 78735	City; State; Zip Code				\$250.00
8 Principal occupation / Job title (See Instruction	s)	9 Employer (See In	structions)		
10 In-kind contribution		11 In-kind descriptio	n (if applicable)		
Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, complete boxes 12-18.	side Texas and ete box 11 if applicable.				
12 Name of person(s) traveling on whose behalf t	he travel was accepted (	attach additional pages	if necessary)		
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation	<u></u>	18 Purpose of travel			<del></del>
·					
4 Date 5 Full name of contributor Lloyd Gosselink Blevins Re	out-of-state PAC(ID#_ochelle & Townsend, F				Amount of ntribution (\$)
05/17/2007 <b>6</b> Contributor address; PO Box 1725 Austin, TX 78767	City; State; Zip Code				\$500.00
8 Principal occupation / Job title (See Instruction	ns)	9 Employer (See in	estructions)	<b>L.—</b> ·	
10 In-kind contribution	····	11 In-kind descriptio	n (if applicable)		
Check if in-kind contribution for travel out complete boxes 12-18. Otherwise, compl	tside Texas and lete box 11 if applicable.				
12 Name of person(s) traveling on whose behalf t	the travel was accepted (	attach additional pages	If necessary)		
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of transportation	·	18 Purpose of travel			
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POLITICAL CONTRIBUTIONS	SCHEDULE A
OTHER THAN PLEDGES OR LOANS	
OTHER THART ELDOLO ON LOANS	

The INSTRUCTION GUIDE explains how to o	complete this form.		1 PAGE # Schedule: 12	/24 Rep	ort: 14/47			
2 FILER NAME Eckhardt, Sarah		<del>-</del>	3 ACCOUNT # (Ethics Commission filers) 00000006					
4 Date 5 Full name of contribute Lorenz, Perry	or out-of-state PAC(ID#							
05/23/2007 6 Contributor address; 1311-A East 6th St. Austin, TX 78702	City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •	<u> </u>	\$1,000.00			
Principal occupation / Job title (See Instructive real-estate)	9 Employer (See Instructions) self							
10 In-kind contribution Check if in-kind contribution for travel complete boxes 12-18. Otherwise, co		11 In-kind description	n (if applicable)					
12 Name of person(s) traveling on whose beh	alf the travel was accepted (	attach additional pages	if necessary)	<u> </u>				
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date			
17 Means of transportation	17 Means of transportation			18 Purpose of travel				
4 Date 5 Full name of contribut Maier, Richard	or out-of-state PAC(ID#				Amount of ontribution (\$)			
05/23/2007 6 Contributor address; 1704 Newning Ave. Austin, TX 78704	City; State; Zip Code				\$100.00			
8 Principal occupation / Job title (See Instruc	ctions)	9 Employer (See In	structions)	<u></u> -				
10 In-kind contribution  Check if in-kind contribution for trave complete boxes 12-18. Otherwise, co		11 In-kind descriptio	n (if applicable)					
12 Name of person(s) traveling on whose beh	nalf the travel was accepted (	attach additional pages	if necessary)	_				
13 Departure city / location	14 Departure date	15 Destination city /	location		16 Arrival date			
17 Means of transportation		18 Purpose of travel						
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Texas Ethics Con	nmission P.O.Box 12	2070 Austin	Texas 78711-2070	(512)46	3-5800	1-800-325-8506
	CAL CONTRIBU THAN PLEDGE		NS		s	CHEDULE A
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 13/	/24 Rep	ort: 15/47
2 FILER NAME	Eckhardt, Sarah	_		3 ACCOUNT # 00000006		ommission filers)
4 Date	5 Full name of contributor [ Martin, Don	out-of-state PAC(ID#	)			Amount of ntribution (\$)
05/17/2007	6 Contributor address; C 1221 S. Mopac, Ste. 115 Austin, TX 78746	City; State; Zip Code				\$100.00
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
10 In-kind contribution  Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind descriptio	n (if applicable)		
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel			
4 Date	5 Full name of contributor [ McGinnis, Lochridge & Kilg	out-of-state PAC(ID# ore, LLP	)			Amount of ontribution (\$)
05/15/2007	6 Contributor address; 0 600 Congress Ave., Ste. 2100 Austin, TX 78701	City; State; Zip Code	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••••		\$500.00
8 Principal occup	pation / Job title (See Instructions	)	9. Employer (See In	nstructions)	<del></del>	
	ution in-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12 Name of perso	on(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17 Means of trans	sportation		18 Purpose of travel	· · · · · · · · · · · · · · · · · · ·		
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	The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 14/24 Report: 16/47		
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # (Ethics Commission filers) 00000006		
4	Date	5 Full name of contributor [Meade, Nikelle	out-of-state PAC(ID#				Amount of ntribution (\$)
	01/02/2007 6 Contributor address; City; State; Zip Code 111 Congress Avenue, Suite 1400 Austin, TX 78701				•	\$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)				
10	In-kind contribu			11 In-kind description	n (if applicable)		
		n-kind contribution for travel outsi boxes 12-18. Otherwise, complet					
12		n(s) traveling on whose behalf th	<u></u>	ttach additional pages	if necessary)		<del></del>
		•					
13	Departure city /	location	14 Departure date	15 Destination city /	ocation		16 Arrival date
17	17 Means of transportation			18 Purpose of travel			<u> </u>
4	Data	5 Full name of contributor	T	<u> </u>		7	At of
•	Date	Michel, Lorri		/			Amount of ontribution (\$)
	05/23/2007	6 Contributor address; C 917 West Lynn St. Austin, TX 78703	ity; State; Zip Code				\$250.00
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Instructions)			
10	In-kind contribu	tion		11 In-kind description	n (if applicable)		
		n-kind contribution for travel outsi boxes 12-18. Otherwise, comple					
12		n(s) traveling on whose behalf th		ttach additional pages	if necessary)	···	
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date
17	Means of trans	portation		18 Purpose of travel	<del></del>		
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The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 15/24 Report: 17/47			
2 FILER NAME	Eckhardt, Sarah		• =====	3 ACCOUNT # 00000006	(Ethics C	ommission filers)	
4 Date	5 Full name of contributor [ Milter, Bryce	out-of-state PAC(ID#		<u></u>		Amount of ontribution (\$)	
05/17/2007	6 Contributor address; C 221 W. 6th St., Ste. 1300 Austin, TX 78701	City; State; Zlp Code	•••••			\$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)				
	r-kind contribution for travel outs		11 In-kind description	n (If applicable)			
	boxes 12-18. Otherwise, comple n(s) traveling on whose behalf th	ttach additional pages	if necessary)				
13 Departure city	location	14 Departure date	15 Destination city /	location	·	16 Arrival date	
17 Means of transportation			18 Purpose of travel				
4 Date	5 Full name of contributor [ Nabers, Lynn	out-of-state PAC(ID#	)			Amount of ontribution (\$)	
05/23/2007	6 Contributor address; 0 6034 W. Courtyard Dr., Ste. 10 Austin, TX 78730	City; State; Zip Code 0-B				\$250.00	
8 Principal occup	nation / Job title (See Instructions	)	9 Employer (See Instructions)				
10 In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	lde Texas and te box 11 if applicable.	11 In-kind descriptio	n (if applicable)			
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
13 Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date	
17 Means of trans	portation	<u></u> ,	18 Purpose of travel				

Texas Ethics Commission

P.O.Box 12070

Austin, Texas 78711-2070

(512)463-5800

1-800-325-8506

		CAL CONTRIBUTHAN PLEDGE		S	CHEDULE A				
	The Instruction	พ Guide explains how to compl	ete this form.		1 PAGE # Schedule: 16/	24 Ren	ort: 18/47		
2	FILER NAME	Eckhardt, Sarah					ommission filers)		
4	Date	5 Full name of contributor [Newberg, Jeffrey	out-of-state PAC(ID#	)			Amount of ntribution (\$)		
	05/24/2007	6 Contributor address; C 3830 Hunterwood Point Austin, TX 78746	ity; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$250.00		
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See In	structions)				
10	In-kind contribu	tlon	<del></del>	11 In-kind description	n (if applicable)				
	Check if In-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.								
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date		
17	Means of trans	portation		18 Purpose of travel			.,		
4	Date	5 Full name of contributor [ Nias, James	out-of-state PAC(ID#	)			Amount of intribution (\$)		
	05/17/2007	6 Contributor address; C 116 Reagan Terrace Austin, TX 78704	city; State; Zip Code				\$500.00		
8	Principal occup attorney	ation / Job title (See Instructions	)	9 Employer (See In Jackson Walke	•	· · · · ·			
10		ition n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable)					
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)				
13	3 Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date		
17	7 Means of trans	portation		18 Purpose of travel					
L				<u> </u>					
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ſe:	xas Ethics Commission	n P.O.Box 12070	Austin, Texas 78711-2070	(512)46	3-5800	1-800-325-8506
		. CONTRIBUTION AN PLEDGES OR			so	CHEDULE A
_	The Instruction Guidi	1 PAGE# Schedule: 17/	24 Repo	rt: 19/47		
2	FILER NAME Eckt	nardt, Sarah		3 ACCOUNT# 00000006	(Ethics Cor	mmission filers)
4		ill name of contributor	te PAC(ID#)			mount of tribution (\$)
	05/23/2007 6 C	ontributor address; City; State;	Zip Code			\$100.00

L.					00000006				
4	Date	5 Full name of contributor [ Nyfeler, John					Amount of ontribution (\$)		
	05/23/2007	6 Contributor address; C 3215 Hampton Rd. Austin, TX 78705	City; State; Zip Code				\$100.00		
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)	·			
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description (if applicable)					
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city	location	14 Departure date	15 Destination city /	location		16 Arrival date		
17	Means of trans	portation		18 Purpose of travel					
4 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution (\$\frac{1}{3}\$									
	05/18/2007	6 Contributor address; C 2908 Sparkling Brook Lane Austin, TX 78746	City; State; Zip Code				\$250.00		
8	Principal occup	pation / Job title (See Instructions	·)	9 Employer (See In	estructions)		-		
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind descriptio	n (if applicable)				
12	Name of person	n(s) traveling on whose behalf th	e travel was accepted (a	uttach additional pages	if necessary)	-			
13	Departure city	/ location	14 Departure date	15 Destination city /	location	•	16 Arrival date		
17	17 Means of transportation			18 Purpose of travel					
				_ <del></del>	<del></del> _		· · · · · ·		

	The Instruction	א Guide explains how to compl	ete this form.		1 PAGE# Schedule: 18	/24 Rep	ort: 20/47	
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006	(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor [ Pederson, Craig	out-of-state PAC(ID#	)			Amount of ntribution (\$)	
	05/17/2007	6 Contributor address; C 4703 Trail Crest Circle Austin, TX 78735	ity; State; Zip Code	•••••			\$250.00	
8	Principal occup	ation / Job title (See Instructions		9 Employer (See instructions)				
10	In-kind contribu	ition n-kind contribution for travel outsi	de Texas and	11 In-kind description	ı (if applicable)		· · · · · · · · · · · · · · · · · · ·	
	complete boxes 12-18. Otherwise, complete box 11 if applicable.							
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city / location 14 Departure date			15 Destination city / location 16 Arrival date				
17 Means of transportation				18 Purpose of travel				
4	Date	5 Full name of contributor [ Pence, Bert	out-of-state PAC(ID#				Amount of ntribution (\$)	
	05/17/2007	6 Contributor address; C 708 Rio Grande Austin, TX 78701	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		<u>.</u>	\$100.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See Instructions)				
10	In-kind contribu	ution		11 In-kind description	n (if applicable)			
	complete	n-kind contribution for travel outs boxes 12-18. Otherwise, comple	te box 11 if applicable.		·			
12 	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)			
13	Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				
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	POLITION OTHER	<u>3-3600</u> _	CHEDULE A				
	The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 19	/24 Rep	ort: 21/47
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006	(Ethics C	ommission filers)
4	Date	5 Full name of contributor [ Pinnelli, Joe	·				Amount of Intribution (\$)
	05/23/2007	6 Contributor address; C PO Box 50038 Austin, TX 78763				\$300.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		
10		ution n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13	Departure city i	/ location	15 Destination city / location 16 Arrival date			16 Arrival date	
17	Means of trans	portation		18 Purpose of travel			
4	Date	5 Full name of contributor [ Pittman, Leslie	•				Amount of ontribution (\$)
	05/20/2007	6 Contributor address; C 1405 Wildcat Hollow Austin, TX 78746	City; State; Zip Code		· · · · · · · · · · · · · · · · · · ·		\$250.00
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)	L	
10		ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind descriptio	n (if applicable)		<del></del>
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)		
13	3 Departure city	/ location	14 Departure date	15 Destination city /	location		16 Arrival date
17	17 Means of transportation			18 Purpose of travel			·

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	The Instruction	ด Guide explains how to comp	lete this form.		1 PAGE # Schedule: 20	/24 Rep	ort: 22/47		
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006	(Ethics C	ommission filers)		
4	Date	5 Full name of contributor [Ramirez, Andrew	out-of-state PAC(ID#				Amount of Intribution (\$)		
	05/25/2007	6 Contributor address; C 10301 River Plantation Austin, TX 78747	city; State; Zip Code	• • • • • • • • • • • • • • • • • • • •			\$250.00		
8	Principal occup	ation / Job title (See Instructions		9 Employer (See Instructions)					
10		ition n-kind contribution for travel outsi boxes 12-18. Otherwise, comple		11 In-kind description	n (if applicable)				
12	12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city /	location	14 Departure date	15 Destination city /	location		16 Arrival date		
17	Means of trans	portation		18 Purpose of travel					
4 Date 5 Full name of contributor  out-of-state PAC(ID#) Read, Julian							Amount of ontribution (\$)		
	05/23/2007	6 Contributor address; C 327 Congress Ave., Ste. 500 Austin, TX 78701	City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		\$100.00		
8	Principal occup	nation / Job title (See Instructions	)	9 Employer (See Instructions)					
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind descriptio	n (if applicable)				
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	attach additional pages	if necessary)				
13	Departure city	location	14 Departure date	15 Destination city /	location	,	16 Arrival date		
17	Means of trans	portation		18 Purpose of travel					

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	The INSTRUCTIO	พ Guide explains how to comp	lete this form.		1 PAGE# Schedule: 21/	24 Rep	ort: 23/47	
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006	(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor [Roche, David	out-of-state PAC(ID#				Amount of ntribution (\$)	
	05/18/2007	6 Contributor address; C 1600 Mount Larson Austin, TX 78746	ity; State; Zip Code				\$250.00	
8	Principal occup	ation / Job title (See Instructions		9 Employer (See Instructions)				
10	In-kind contribu			11 In-kind description	n (if applicable)			
		i-kind contribution for travel outsi boxes 12-18. Otherwise, complet						
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13 Departure city / location 14 Departure date 15 Destination				15 Destination city /	on city / location 16 Arrival date			
17	Means of trans	portation		18 Purpose of travel				
4	Date	5 Full name of contributor [ Rudy, Kirk	out-of-state PAC(ID#	)			Amount of ontribution (\$)	
	05/17/2007	6 Contributor address; C 2111 Highgrove Terrace Austin, TX 78703	City; State; Zip Code		• • • • • • • • • • • • • • • • • • • •		\$250.00	
8	Principal occup	ation / Job title (See Instructions	)	9 Employer (See Instructions)				
10	In-kind contribu	ition n-kind contribution for travel outsi boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)	_ <del></del> :		
12	···	n(s) traveling on whose behalf th		ttach additional pages	If necessary)			
13	Departure city /	location .	14 Departure date	15 Destination city /	location		16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				

	The Instruction	N GUIDE explains how to comp	ete this form.		1 PAGE# Schedule: 22	/24 Rep	ort: 24/47	
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT # (Ethics Commission filers) 00000006			
4	Date	5 Full name of contributor [ Smith, Robertson, Elliott, Gl	out-of-state PAC(ID#en, Klein & Bell, LLP				Amount of ntribution (\$)	
	05/20/2007 ·	6 Contributor address; C 221 W. 6th St., Ste. 1100 Austin, TX 78701	ity; State; Zip Code	=			\$250.00	
8	Principal occup	ation / Job title (See Instructions		9 Employer (See Instructions)				
10	In-kind contribu	tion n-kind contribution for travel outsi	de Tevas and	11 In-kind description	n (if applicable)			
		boxes 12-18. Otherwise, comple						
12	! Name of persor	n(s) traveling on whose behalf th	e travel was accepted (a	ttach additional pages	if necessary)			
42		11	44.5	AE Davida Harachari	()		46.4-2-1-4-4	
13	3 Departure city / location 14 Departure date 15 Destination city / location						16 Arrival date	
17	Means of trans	portation		18 Purpose of travel	<del></del>			
					<del></del>	<del>,</del>	<del></del> _	
4	Date	5 Full name of contributor [ Soeur, Channy	out-of-state PAC(ID#				Amount of ontribution (\$)	
	05/23/2007	6 Contributor address; C 2004 E. Gann Hill Dr. Cedar Park, TX 78613	City; State; Zip Code	•••••••	• • • • • • • • • • • • • • • • • • • •		\$500,00	
8	Principal occup Principal	nation / Job title (See Instructions	)	9 Employer (See Instructions) CAS Consulting & Services, Inc.				
10	In-kind contribu	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind descriptio	n (if applicable)			
12	! Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)			
13	Departure city	/ location	14 Departure date	15 Destination city /	location	<del></del> -	16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				
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POLITICAL CONTRIBUTIONS	
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	The Instruction	on Guide explains how to comp	lete this form.		1 PAGE# Schedule: 23/	24 Rep	ort: 25/47	
2	FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics Co	ommission filers)	
4	Date	5 Full name of contributor [TCB PAC	out-of-state PAC(ID#	)			Amount of ntribution (\$)	
	05/23/2007	6 Contributor address; C 5757 Woodway, Ste. 101W Houston, TX 77057	ity; State; Zlp Code	· · · · · · · · · · · · · · · · · · ·			\$500.00	
8	Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)				
10		rtion n-kind contribution for travel outsi boxes 12-18. Otherwise, complet		11 In-kind description	ı (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)								
13	Departure city	rture city / location 14 Departure date 15 Destination city / location					16 Arrival date	
17 Means of transportation				18 Purpose of travel				
4	Date	5 Full name of contributor [ Todd, Bruce	out-of-state PAC(ID#				Amount of ontribution (\$)	
	05/22/2007	6 Contributor address; C 823 Congress Ave., Ste. 1505 Austin, TX 78701	State; Zip Code				\$100.00	
8	Principal occup	pation / Job title (See Instructions	)	9 Employer (See Instructions)				
10	In-kind contribution Check If it complete	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)			
12	Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)			
13	Departure city	/ location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17	17 Means of transportation			18 Purpose of travel				
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The Instruction	אכ Guide explains how to comp	lete this form.		1 PAGE# Schedule: 24/	/24 Rep	ort: 26/47	
2 FILER NAME	Eckhardt, Sarah		-	3 ACCOUNT# 00000006	(Ethics Co	ommission filers)	
4 Date	5 Full name of contributor [ Tucker, Larry	out-of-state PAC(ID#	)			Amount of ontribution (\$)	
05/23/2007	6 Contributor address; C 2210 White Dove Pass Austin, TX 78734	City; State; Zip Code				\$100.00	
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See In	structions)		:	
	ution n-kind contribution for travel outs boxes 12-18. Otherwise, comple		11 In-kind description	ı (if applicable)			
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)							
13 Departure city	3 Departure city / location 14 Departure date 15 Destination city /					16 Arrival date	
17 Means of trans	portation		18 Purpose of travel				
4 Date 5 Full name of contributor out-of-state PAC(ID#) 7 Amount of contribution						Amount of ontribution (\$)	
05/11/2007	6 Contributor address; C 4415 R.O. Drive Spicewood, TX 78669	City; State; Zip Code	•••••••••			\$100.00	
8 Principal occup	pation / Job title (See Instructions	)	9 Employer (See Instructions)				
10 In-kind contribu	rtion n-kind contribution for travel outs boxes 12-18. Otherwise, comple	ide Texas and te box 11 if applicable.	11 In-kind description	n (if applicable)			
12 Name of perso	n(s) traveling on whose behalf th	e travel was accepted (a	ittach additional pages	if necessary)			
13 Departure city	location	14 Departure date	15 Destination city /	ocation		16 Arrival date	
17 Means of transportation			18 Purpose of travel				
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		÷				:	

	CAL CONTRIBUTIONS THAN PLEDGES OR LOAD	NS		SCHEDULE A
The Instruction	on Guide explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAM	E SARAH ECKHARDT		3 ACCOUNT# (Ethi	ics Commission filers)
4 Date 1	5 Full name of contributor Day of stee occupy	ado	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
1/11/07	Jesus & Patricia Delgi 6 Contributor address; City: State; Zip Code 4525 Grand Cypress Dr.	2.6	200,00	
9 Principal occu	Avstin, TX 78747-13 pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor \( \bigcup_{\text{cut-of-state}} PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			 
Principal occu	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor		Amount of	In-kind contribution
Date	Full name of contributor ☐ cut-of-state PAC (10#:		Amount of contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	•		 
Principal occi	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
		., ., ., .,		
If o	ATTACH ADDITIONAL COPIE contributor is out-of-state PAC, please see inst		<del>-</del>	requirements.

exas Ethics Commiss	sion P.O.Box 12070	Austin, Texas 78711-2070	(512)	463-5800	1-800-325-8506	
POLITICA	AL EXPENDITU	RES		sc	HEDULE F	
The Instruction Gu	DE explains how to complet	e this form.	1 PAGE # Schedule:	1/21 Report	: 27/47	
2 FILER NAME Eckhardt, Sarah		h		# (Ethics Cor	(Ethics Commission filers)	
4 Date 5	Payee name Austin Business Journal			7	Amount (\$)	
05/23/2007 6	Payee address; City; 111 Congress Ave., Ste. 7 Austin, TX 78701	State; Zip Code 50	• • • • • • • • • • • • • • • • • • • •	•	\$178.00	

			0000000				
4 Date	5 Payee name Austin Business Journa	I		7	Amount (\$)		
05/23/2007	05/23/2007 6 Payee address; City; State; Zip Code 111 Congress Ave., Ste. 750 Austin, TX 78701						
Purpose of payment     (See instructions regarding type of information required.)     subscription			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
•			Office sought:				
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of perso	on(s) traveling on whose behalf the	e expenditure for travel	was made (attach additional pages if neces	sary)	<del></del>		
11 Departure city	/ location	12 Departure date	13 Destination city / location		14 Arrival date		
15 Means of trans	sportation		16 Purpose of travel				
4 Date	5 Payee name Austin Independent Sch	nool District	<del></del>	7	Amount (\$)		
04/13/2007	6 Payee address; C 1111 W. 6th Street Austin, TX 78703	City; State; Zip Code			\$109.58		
Purpose of payment     (See instructions regarding type of information required.)     monitor			9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
1			Office sought:				
Payment f	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of perso	on(s) traveling on whose behalf the	e expenditure for trave	was made (attach additional pages if neces	ssary)			
44 -		T 2 2 1 1	T-20-00-00-00-00-00-00-00-00-00-00-00-00-		122		

POLITICAL EX	(PENDITI	URES				S	CHEDULE F
The Instruction Guide expla	ins how to comple	ete this form.		1	PAGE # Schedule: 2/	21 Repo	rt: 28/47
2 FILER NAME Eckhardt, S	Sarah			3	ACCOUNT # 00000006	(Ethics C	ommission filers)
4 Date 5 Payee na Bickerst	ime aff, Heath, Pollar	n & Caroom, L.L.P.				7	Amount (\$)
03/15/2007 6 Payee ad 816 Con Austin,	dress; Cit gress Ave., Ste. TX 78701	ty; State; Zip Code 1700			• • • • • • • • • • • • • • • • • • • •		\$150.00
8 Purpose of payment (See instructions regarding type of information required.) event registration  9 ** Complete if direct expenditure to beneath the complete if direct expenditure to be complete if direct expension the co						nefit Cand	idate/Officeholder **
			Office sought:				
Payment for travel outside	Texas (complete	boxes 10-16)	Office held:				
10 Name of person(s) traveling o	n whose behalf the	expenditure for travel	was made (attach addit	iona	I pages if neces	ssary)	
11 Departure city / location		12 Departure date	ate 13 Destination city / location 14 Arrival da				14 Arrival date
15 Means of transportation		`	16 Purpose of travel	-			
4 Date 5 Payee na Bistrolii'	ame s		1	_		7	Amount (\$)
	Idress; Ci San Antonio TX 78701	ty; State; Zip Code		• • •			\$275.00
Purpose of payment     (See Instructions regarding ty catering	rpe of information r	equired.)	9 · Complete if direct Candidate / Officeho			nefit Cano	lidate/Officeholder '*
			Office sought:				
Payment for travel outside	a Texas (complete	boxes 10-16)	Office held;				
10 Name of person(s) traveling of	on whose behalf the	e expenditure for travel	was made (attach addi	tiona	al pages if nece	ssary)	
11 Departure city / location	-	12 Departure date	13 Destination city /	loca	tion		14 Arrival date
15 Means of transportation	<u> </u>		16 Purpose of travel		<del></del>		
				_			

POLITICAL EXPENDITURES SCHEDULE F							
The WSTRUCTI	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 3/2	21 Report: 29/47		
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics Commissi	on filers)	
4 Date	5 Payee name Butts, David			<u> </u>	7 Amount (\$)		
03/26/2007 6 Payee address; City; State; Zip Code 1914 Patton Lane Austin, TX 78723						\$2,000.00	
8 Purpose of payment (See instructions regarding type of information required.) consulting  9 ** Complete if direct expenditure to benefit Candidate/Office Candidate / Officeholder name:							
Pavment f	or travel outside Texas (complete	Office sought:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14 A	rrival date	
15 Means of trans	sportation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Butts, David	<del></del>	<u> </u>			nount (\$)	
06/01/2007	6 Payee address; C 1914 Patton Lane Austin, TX 78723				\$4,500.00		
8 Purpose of pa (See instruction consulting	syment ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		efit Candidate/C	officeholder **	
☐ Payment	Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:			
10 Name of person	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city	/ location	12 Departure date	date 13 Destination city / location 14 Arrival date				
15 Means of tran	sportation	<u> </u>	16 Purpose of travel		<u>-</u> .		
- Name and the State -				<u> </u>			

POLITICAL EXPENDITURES						CHEDULE F	
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 4/21 Report: 30/47			
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006	(Ethics C	ommission filers)	
4 Date	5 Payee name Charles Cox CPA			<u> </u>	7	Amount (\$)	
02/02/2007 6 Payee address; City; State; Zip Code 614 Capital of Texas Highway South Austin, TX 78746						\$185.00	
8 Purpose of payment (See instructions regarding type of information required.) accounting services  9 ** Complete if direct expenditure to Candidate / Officeholder name:						idate/Officeholder **	
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	13 Destination city /		14 Arrival date		
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name Eurway		<u></u>		7	Amount (\$)	
05/29/2007	6 Payee address; C 2236 W. Braker Lane Austin, TX 78758	City; State; Zip Code			į	\$1,477.61	
8 Purpose of pa (See Instruction office furniture	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho		efit Cand	lidate/Officeholder **	
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if necess	sary)		
11 Departure city / location 12 Departure date 13 Destination city / location 14 Ar					14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel			<u> </u>	

POLITI	SCHEDULE F							
The INSTRUCTION	ON GUIDE explains how to comp	lete this form.	,	1 PAGE# Schedule: 5/21 Report: 31/47				
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # (Ethics Commission filers) 00000006				
4 Date	5 Payee name Farb, Loretta				7 Amount (\$)			
01/09/2007	6 Payee address; C 2200 S. Pleasant Valley Austin, TX 78741	City; State; Zip Code r Rd. #527			\$1,000.00			
8 Purpose of pay (See instruction staff	yment ns regarding type of information	9 ** Complete if direc Candidate / Officeho		fit Candidate/Officeholder				
Payment fo	Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	lonal pages If necess	sary)			
11 Departure city	/ location	12 Departure date	13 Destination city /	14 Arrival date				
15 Means of trans	portation		16 Purpose of travel					
4 Date	5 Payee name Grande		<u>*</u>		7 Amount (\$)			
01/10/2007	6 Payee address; C 13505 Burnet Rd Austin, TX 78727	City; State; Zip Code			\$37.61			
8 Purpose of pay (See instruction telephone	yment ons regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Candidate/Officeholder **			
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	вагу)			
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date			
15 Means of trans	sportation		16 Purpose of travel	<u>,                                     </u>				

POLITI	S	CHEDULE F					
The Instruction	א Guide explains how to comp	lete this form.	1 PAGE # Schedule: 6/21 Report: 32/47				
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics C	ommission filers)	
4 Date	5 Payee name Grande			, <del></del>	7 Amount (\$)		
02/12/2007 6 Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727						\$31.80	
8 Purpose of pay (See instruction telephone	yment ns regarding type of information	required.)	9 · · Complete if direc Candidate / Officehol		efit Cand	idate/Officeholder **	
			Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:	·	_	<del></del>	
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / I		14 Arrival date		
15 Means of trans	portation	f	16 Purpose of travel				
4 Date	5 Payee name Grande				7	Amount (\$)	
03/13/2007	6 Payee address; C 13505 Burnet Rd Austin, TX 78727	ity; State; Zip Code		,,,,,		\$31.08	
8 Purpose of pa (See instruction telephone	yment ns regarding type of information	required.)	9 · · Complete if direct expenditure to benefit Candidate/Officeholder · · Candidate / Officeholder name:				
	-		Office sought:				
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	sary)		
11 Departure city	/ location	12 Departure date	ite 13 Destination city / location 14 Arrival date				
15 Means of transportation			16 Purpose of travel				
			<u> </u>				

POLITICAL EXPENDITURES						(012)-00		CHEDULE F
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 7/21 Report: 33/47				rt: 33/47
2 FILER NAME	Eckhardt, Sarah				ACCC		(Ethics C	ommission filers)
4 Date	5 Payee name Grande			<b>.</b>			7	Amount (\$)
04/10/2007	• • • • • • • • • • • • • • • • • • • •		••••	••••		\$31.08		
8 Purpose of payment (See instructions regarding type of information required.)  telephone  9 ** Complete in Candidate / Of telephone						re to beni	efit Cand	idate/Officeholder * *
			Office sought:					
Payment f	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
11 Departure city / location 12 Departure date 13 Destination city / location 14 An						14 Arrival date		
, , , , , , , , , , , ,								
15 Means of trans	sportation	<u></u>	16 Purpose of travel					
				_				
4 Date	5 Payee name Grande						7	Amount (\$)
05/11/2007	City; State; Zip Code				• • • • •		\$31.08	
8 Purpose of pa (See instruction telephone	I yment ons regarding type of Information	required.)	9 · · Complete if direc Candidate / Officeho			re to ben	efit Cand	lidate/Officeholder **
			Office sought:					
Payment f	or travel outside Texas (complete	boxes 10-16)	Office held:					
10 Name of perso	on(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tiona	page	if neces	sary)	
11 Departure city	re city / location 12 Departure date 13 Destination city / location 14 Arrival date					14 Arrival date		
15 Means of trans	sportation		16 Purpose of travel	1		_		

POLITI	so	CHEDULE F					
The Instruction	ON Guide explains how to comp	lete this form.		1 PAGE# Schedule: 8/2	)/21 Report: 34/47		
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006	(Ethics Co	ommission filers)	
4 Date	5 Payee name Grande		<u></u>		7	Amount (\$)	
06/11/2007 6 Payee address; City; State; Zip Code 13505 Burnet Rd Austin, TX 78727						\$31.08	
8 Purpose of payment (See instructions regarding type of information required.) telephone  9 ** Complete if direct expenditure to benefit Candidate/Office Candidate / Officeholder name:							
			Office sought:				
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city	/ location	12 Departure date	ate 13 Destination city / location 14 Arrival date				
15 Means of trans	sportation		16 Purpose of travel				
4 Date	5 Payee name Harry, Susan				7	Amount (\$)	
05/18/2007	6 Payee address; C 2520 Longview St. Ste. 313 Austin, TX 78705	City; State; Zip Code	••••••			\$1,000.00	
8 Purpose of pa (See instruction consulting	yment ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		efit Candi	date/Officeholder **	
			Office sought:				
☐ Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:				
10 Name of perso	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	date 13 Destination city / location 14 Arrival date				
15 Means of trans	portation		16 Purpose of travel	<del></del>			
			·				

	POLITI	CAL EXPENDIT	URES			SC	CHEDULE F	
	The Instruction	א Guide explains how to comp	ete this form.		1 PAGE# Schedule: 9/21 Report: 35/47			
2 FILER NAME Eckhardt, Sarah					3 ACCOUNT # (Ethics Commission filers) 00000006			
4 Date 5 Payee name Harry, Susan					7	Amount (\$)		
06/07/2007 6 Payee address; City; State; Zip Code 2520 Longview St. Ste. 313 Austin, TX 78705							\$1,000.00	
Purpose of payment     (See instructions regarding type of information required.)     consulting				9 ** Complete If direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
			Office sought:					
10		or travel outside Texas (complete n(s) traveling on whose behalf th	<u> </u>	ional pages if necess	ary)			
11 Departure city / location 12 Departure date				13 Destination city /	location		14 Arrival date	
15	Means of trans	portation		16 Purpose of travel		<u></u>		
4	Date	5 Payee name HEB				7	Amount (\$)	
	02/02/2007	6 Payee address; C 200 S. Congress Austin, TX 78704	Sity; State; Zip Code				\$46.78	
8	Purpose of pa (See instruction	I yment ins regarding type of information	required.)	9 · · Complete if direc Candidate / Officeho		efit Cand	idate/Officeholder **	
	☐ Payment f	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10	Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi	tional pages if necess	sary)		
11	Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel					
				·				

Texas Ethics Come	exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070			(512)46	3-5800	1-800-325-8506	
POLITIC	POLITICAL EXPENDITURES					CHEDULE F	
The Instruction	N Guide explains how to comp	lete this form.		1 PAGE # Schedule: 10/	21 Rep	ort: 36/47	
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # 00000006			
4 Date	5 Payee name HEB	<u> </u>		<u> </u>	7	Amount (\$)	
04/12/2007 6 Payee address; City: State; Zip Code 200 S. Congress Austin, TX 78704				•••••	i	<b>\$</b> 15.53	
(See instruction	8 Purpose of payment (See instructions regarding type of information required.) office supplies			t expenditure to beni lder name:	efit Cand	idate/Officeholder **	
Office so							
Payment for	r travel outside Texas (complete	Office held:					
10 Name of person	(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if neces	sary)		
11 Departure city / location 12 Departure date 13 Destination cit			13 Destination city /	location		14 Arrival date	
15 Means of transp	portation		16 Purpose of travel				
4 Date	5 Payee name PC Mailing Services		<u> </u>		7	Amount (\$)	
01/11/2007	6 Payee address; C 10711 Hillpoint, Ste. 10 San Antonio, TX 78217	city; State; Zip Code		••••••		\$225.50	
8 Purpose of pay (See Instruction mailing service	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **	
			Office sought:				
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	tional pages if neces	sary)		
11 Departure city i	location	12 Departure date	13 Destination city /	location 14 Arrival date			
15 Means of transportation			16 Purpose of travel				
			<u> </u>				

POLITICAL EXPENDITURES SCHEDULE F							
The INSTRUCTION GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 11/21 Report: 37/47				
2 FILER NAME Eckhardt, Sarah	3 ACCOUNT # (Ethics Commission filers) 00000006						
4 Date 5 Payee name PODER		7	Amount (\$)				
03/05/2007 6 Payee address; City; State; Zip Code PO Box 6237 Austin, TX 78762					\$100.00		
Purpose of payment     (See instructions regarding type of information advertising	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:					
Payment for travel outside Texas (complete	Office sought: Office held:						
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)							
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of transportation	e	16 Purpose of travel		L			
4 Date 5 Payee name Ramos, Sandra	<del></del>		<del></del>	7	7 Amount (\$)		
01/01/2007 6 Payee address; C 5201 Valley Oak Dr. Austin, TX 78731	ity; State; Zip Code				\$1,000.00		
Purpose of payment     (See Instructions regarding type of Information staff	required.)	9 ** Complete if direc Candidate / Officeho		efit Candida	ate/Officeholder **		
Payment for travel outside Texas (complete	boxes 10-16)	Office sought: Office held:	. <u> </u>				
10 Name of person(s) traveling on whose behalf the	e expenditure for travel	was made (attach addit	lonal pages if necess	sary)			
11 Departure city / location	12 Departure date	13 Destination city /	location	1	14 Arrival date		
15 Means of transportation		16 Purpose of travel					
·							

POLITI	POLITICAL EXPENDITURES						
The Instruction	ON Guide explains how to comp	lete this form.		1 PAGE# Schedule: 12/	21 Report: 38/47		
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics Commission filers)		
4 Date	4 Date 5 Payee name Target				7 Amount (\$)		
01/23/2007 6 Payee address; City; State; Zip Code 5300 S Mo Pac Expy Austin, TX 78749				\$108.24			
8 Purpose of pay (See Instruction office supplies	ns regarding type of information	required.)	9 ** Complete If direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
_			Office sought:				
	or travel outside Texas (complete		Office held:				
10 Name of perso	10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location 12 Departure date 13 Destination city / location				location	14 Arrival date		
15 Means of trans	15 Means of transportation			<del></del>			
4 Date	5 Payee name Target		<u> </u>		7 Amount (\$)		
01/29/2007	6 Payee address; C 5300 S Mo Pac Expy Austin, TX 78749	city; State; Zlp Code			\$128.09		
8 Purpose of par (See instruction office supplies	ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Candidate/Officeholder **		
□ Payment fr	or travel outside Texas (complete	hayes 10-16)	Office sought: Office held:				
	n(s) traveling on whose behalf the		was made (attach addi	lional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	location	14 Arrival date		
15 Means of transportation			16 Purpose of travel				
			<del> </del>				
1							

POLITI	POLITICAL EXPENDITURES							
The Instruction	ON GUIDE explains how to comp	lete this form.		1 PAGE # Schedule: 13/21 Report: 39/47				
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics Co	ommission filers)		
4 Date	5 Payee name Target				7	Amount (\$)		
05/18/2007	6 Payee address; Ci 5300 S Mo Pac Expy Austin, TX 78749				\$23.26			
8 Purpose of pay (See Instruction office supplies	ns regarding type of information i	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:						
Payment for travel outside Texas (complete boxes 10-16)			Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)								
11 Departure city / location 12 Departure date			13 Destination city /	location		14 Arrival date		
15 Means of trans	portation	L	16 Purpose of travel		<u> </u>			
4 Date	5 Payee пате Target		7 Amount (\$)					
06/19/2007	6 Payee address; C 5300 S Mo Pac Expy Austin, TX 78749	City; State; Zip Code				\$53.98		
8 Purpose of pa (See instruction office supplied	ons regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **		
☐ Payment f	for travel outside Texas (complete	e boxes 10-16)	Office sought: Office held:					
10 Name of perso	on(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addi	tional pages if neces	sary)			
11 Departure city	/ location	12 Departure date	13 Destination city /	location	<del></del>	14 Arrival date		
15 Means of trans	sportation	<u></u>	16 Purpose of travel					

POLITI	POLITICAL EXPENDITURES						
The INSTRUCTION	ON GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 14/	e: 14/21 Report: 40/47		
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	(Ethics Co	ommission filers)	
4 Date	5 Payee name Texas Jail Re-Entry Cor	nference			7	Amount (\$)	
01/10/2007 6 Payee address; City; State; Zip Code 501 W. 11th St. Austin, TX 78701						\$75.00	
8 Purpose of pay (See instruction conference for	ns regarding type of information	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:					
			Office sought:				
Payment for travel outside Texas (complete boxes 10-16)			Office held:				
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary					sary)		
11 Departure city / location 12 Departure date			13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name True Courage Action Ne	etwork	<u></u>		7	Amount (\$)	
05/23/2007	6 Payee address: C P.O. Box 700008 San Antonio, TX 78270	City; State; Zip Code	••••••			\$250.00	
8 Purpose of par (See instruction contribution	l yment ns regarding type of information	required.)	9 · · Complete if direct Candidate / Officeho		efit Cand	idate/Officeholder **	
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
	n(s) traveling on whose behalf th		was made (attach addi	tional pages if neces	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	location	<u></u>	14 Arrival date	
15 Means of transportation			16 Purpose of travel				
					<del></del>		

POLITI	POLITICAL EXPENDITURES					SCHEDULE F	
The NSTRUCTIO	พ Guide explains how to comp	lete this form.		1 PAGE# Schedule: 15/21 Report: 41/47			
2 FILER NAME	3 ACCOUNT # 00000006	(Ethics Co	ommission filers)				
4 Date	4 Date 5 Payee name Vertical Response					7 Amount (\$)	
01/02/2007 6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107						\$14.30	
8 Purpose of payment (See instructions regarding type of information required.)  email service  9 ** Complete if direct expent Candidate / Officeholder nare					efit Candi	date/Officeholder	
<b>.</b>		Office sought:					
	or travel outside Texas (complete	Office held: was made (attach addit	lonal pages if necess	arv)			
THE HAME OF POIGO		o oxponuna o non manor	Was (atmo)	ional pogos ii noococ	~,,		
11 Departure city / location 12 Departure date			13 Destination city /	ocation		14 Arrival date	
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name Vertical Response		<u></u>		7	Amount (\$)	
01/05/2007	6 Payee address; C 501 2nd St, Suite 700 San Francisco, CA 941	City; State; Zip Code		••••••		<b>\$1</b> 3.97	
8 Purpose of pay (See instruction email service	ns regarding type of information	required.)	9 ** Complete if direc Candidate / Officeho	t expenditure to bene lder name:	I efit Cand	idate/Officeholder	
			Office sought:				
	or travel outside Texas (complete		Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addi)	ionai pages it necess	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of trans	portation	16 Purpose of travel					

POLITIC	POLITICAL EXPENDITURES						
The INSTRUCTIO	พ Guide explains how to comp	lete this form.		1 PAGE # Schedule: 16/21 Report: 42/47			
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # (Ethics Commission filers) 00000006			
4 Date	5 Payee name Vertical Response				7 Amount (\$)		
01/16/2007 6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107					\$14.94		
8 Purpose of pay (See instruction email service	ns regarding type of information	required.)	9 * * Complete if direc Candidate / Officehol		fit Candidate/Officeholder		
			Office sought:				
Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:		<del>-</del>		
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	ional pages if necess	ary)		
11 Departure city / location 12 Departure date 13 Destination city / location				14 Arrival date			
15 Means of transportation			16 Purpose of travel				
4 Date	5 Payee name Vertical Response				7 Amount (\$)		
01/18/2007	6 Payee address; C 501 2nd St, Suite 700	City; State; Zip Code			\$13.88		
	San Francisco, CA 941	07					
8 Purpose of pay (See Instruction email service	ns regarding type of information	required.)	9 ** Complete if direct Candidate / Officeho		fit Candidate/Officeholder		
			Office sought:				
☐ Payment fo	r travel outside Texas (complete	boxes 10-16)	Office held:				
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addit	ional pages if necess	ary)		
11 Departure city /	location	12 Departure date	13 Destination city /	3 Destination city / location 14 Arrival date			
15 Means of transportation			16 Purpose of travel				

exas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070					(512)46	3-5800	1-800-325-8506	
POLITICA	POLITICAL EXPENDITURES					S	CHEDULE F	
The Instruction Gu	IDE explains how to comp	ete this form.		1	1 PAGE# Schedule: 17/21 Report: 43/47			
2 FILER NAME EC	khardt, Sarah	<del></del>	····	3	ACCOUNT # 00000006			
4 Date 5	Payee name Vertical Response					7	Amount (\$)	
02/02/2007 6			•••••		\$13.77			
8 Purpose of paymen (See instructions re email service	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:							
Payment for tra	Office sought: Office held:							
10 Name of person(s)	traveling on whose behalf th	e expenditure for travel	was made (attach addit	iona	l pages if neces	sary)		
11 Departure city / loca	ation	12 Departure date	13 Destination city / location 14 Arrival date				14 Arrival date	
15 Means of transports	ation		16 Purpose of travel					
4 Date 5	Payee name Vertical Response		<u> </u>			7	Amount (\$)	
03/05/2007	Payee address; C 501 2nd St, Suite 700 San Francisco, CA 941	ity; State; Zlp Code		• • •			\$14.04	
8 Purpose of paymer (See instructions re email service	nt egarding type of information	required.)	9 ** Complete if direc Candidate / Officeho			efit Cand	idate/Officeholder ••	
Payment for tra	Payment for travel outside Texas (complete boxes 10-16)							
	traveling on whose behalf th	<u> </u>	was made (attach addi	tiona	al pages if neces	ssary)		
11 Departure city / loca	ation	12 Departure date	13 Destination city /	loca	ition		14 Arrival date	
15 Means of transports	ation		16 Purpose of travel	_			l	

POLITIO	POLITICAL EXPENDITURES						
The Instruction	N Guide explains how to comp	lete this form.		1 PAGE # Schedule: 18/21 Report: 44/47			
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT # (Ethics Commission filers) 00000006			
4 Date 5 Payee name Vertical Response					7 Amount (\$)		
03/13/2007 6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107					\$31.08		
8 Purpose of pay (See instruction email service	ns regarding type of information	required.)	9 * Complete if direct expenditure to benefit Candidate/Officeholder * Candidate / Officeholder name:				
☐ Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of person	n(s) traveling on whose behalf th	e expenditure for travel	I was made (attach addit	ional pages if necess	ary)		
11 Departure city / location 12 Departure date			13 Destination city / I	location	14 Arrival date		
15 Means of trans	portation	<u> </u>	16 Purpose of travel				
4 Date	5 Payee name Vertical Response				7 Amount (\$)		
03/20/2007	6 Payee address; C 501 2nd St, Suite 700 San Francisco, CA 941	City; State; Zip Code			<b>\$1</b> 3.97		
8 Purpose of pay (See instruction email service	ns regarding type of information	required.)	9 ° Complete if direct Candidate / Officeho		efit Candidate/Officeholder		
Payment fo	or travel outside Texas (complete	boxes 10-16)	Office sought: Office held:				
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	I was made (attach addit	tional pages if necess	sary)		
11 Departure city	/ location	12 Departure date	13 Destination city / location 14 Arrival date				
15 Means of transportation			16 Purpose of travel				

POLITIC	CAL EXPENDIT		so	CHEDULE F			
The Instruction	N GUIDE explains how to comp	lete this form.		1 PAGE# Schedule: 19/	21 Repo	ort: 45/47	
2 FILER NAME	Eckhardt, Sarah			3 ACCOUNT# 00000006	emmission filers)		
4 Date	5 Payee name Vertical Response			<u> </u>	7	Amount (\$)	
04/09/2007	6 Payee address; C 501 2nd St, Suite 700 San Francisco, CA 941				\$13.69		
8 Purpose of pay (See instruction email service	is regarding type of information	required.)	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:				
Payment fo	r travel outside Texas (complete	Office held:					
10 Name of persor	n(s) traveling on whose behalf th	e expenditure for travel	was made (attach addit	lional pages if necess	sary)		
11 Departure city /	location	13 Destination city /	location		14 Arrival date		
15 Means of transp	portation		16 Purpose of travel				
4 Date	5 Payee name Vertical Response		<u> </u>		7	Amount (\$)	
04/10/2007	6 Payee address; C 501 2nd St, Suite 700 San Francisco, CA 941	City; State; Zlp Code				\$31.08	
8 Purpose of pay (See instruction email service	ns regarding type of information	required.)	9 * Complete if direc Candidate / Officeho		efit Candi	date/Officeholder **	
			Office sought:				
Payment fo	or travel outside Texas (complete	e boxes 10-16)	Office held:		_		
10 Name of person	n(s) traveling on whose behalf th	ne expenditure for travel	was made (attach addi	tional pages if neces	sary)		
11 Departure city	location	12 Departure date	13 Destination city /	location		14 Arrival date	
15 Means of transportation			16 Purpose of travel				

POLITI	POLITICAL EXPENDITURES					s	CHEDULE F		
The Instruction	ом Guide explains how to comp	lete this form.		1		20/21 Report: 46/47			
2 FILER NAME	Eckhardt, Sarah			3	3 ACCOUNT # (Ethics Commission filers) 00000006				
4 Date	4 Date 5 Payee name Vertical Response				7	7 Amount (\$)			
04/16/2007 6 Payee address; City; State; Zip Code 501 2nd St, Suite 700 San Francisco, CA 94107							<b>\$18.63</b>		
8 Purpose of pay (See instruction email services	9 ** Complete if direc Candidate / Officeho			efit Cand	idate/Officeholder				
			Office sought:						
Payment fo	Office held:								
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)									
11 Departure city / location 12 Departure date			13 Destination city /	oca	tion	<del></del>	14 Arrival date		
15 Means of trans	portation		16 Purpose of travel				<u></u>		
4 Date	5 Payee name Vertical Response					7	Amount (\$)		
05/30/2007	6 Payee address; C 501 2nd St, Suite 700 San Francisco, CA 941	City; State; Zip Code			••••••		\$17.32		
8 Purpose of pa (See Instruction email service	ns regarding type of information	required.)	9 · · Complete If direc Candidate / Officeho			efit Cano	lidate/Officeholder **		
☐ Payment fo	or travel outside Texas (complete	o boxes 10-16)	Office sought: Office held:						
10 Name of perso	n(s) traveling on whose behalf th	e expenditure for travel	was made (attech addit	llona	I pages if neces	ssary)			
11 Departure city	/ location	12 Departure date	13 Destination city /	loca	tion		14 Arrival date		
15 Means of transportation			16 Purpose of travel						

POLITICAL EXPENDITURES				SCHEDULE F		
The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 21/	PAGE # Schedule: 21/21 Report: 47/47		
2 FILER NAME Eckhardt, Sarah		3 ACCOUNT# 00000006				
4 Date 5 Payee name Worley Printing		-	7	Amount (\$)		
01/11/2007 6 Payee address; City; State; Zip Code \$246.81 3217 N IH 35 Austin, TX 78722						
Purpose of payment     (See instructions regarding type of information printing	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:					
Payment for travel outside Texas (complet	Office sought: Office held:					
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)						
11 Departure city / location	13 Destination city / location 14 Arrival date					
15 Means of transportation		16 Purpose of travel				
		<u> </u>	<del> </del>			
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